AFFIDAVIT

Disabled Person License Plate

(Name of Vehicle Owner)	(Owner's Driver's License Number)	(County of Residence)
(Street Address)	(City, State and Zip Code)	
(The name and relationship of disabled per	son to the owner of the vehicle, spouse, c	hild, or ward of the owner.)
(Signature of Vehicle Owner)	(Date)	
Owner is defined as a natural person. Must be licensing and the payment of fees.	e a resident of Georgia and must comply v	vith the motor vehicle laws relating to registration
Vehicle is defined as a private passenger veh Note: Disabled person license plate canno		n 14,000 pounds.
pursuant to code section 24-9-101, or is a per	son with a disability, whose disability or inc	se, child or ward of the owner is hearing impaire capacity can be expected to last for more than 18 as with O.C.G.A. 40-6-221 (5) amended due to:
Practitioner: Check the disability that applies to	o the vehicle owner or the spouse, child, o	or ward of the vehicle owner.
Is hearing impaired pursuant to code sect	ion 24-9-101?	
Is ambulatory so disabled that he or she	cannot walk 200 feet without stopping to re	est?
Cannot walk without the use of or assistate assistive device;	ance from a brace, a cane, a crutch, anothe	r person, a prosthetic device, a wheelchair, or other
	tent that his or her forced respiratory volum or her arterial oxygen tension is less than	ne for one second, when measured by spirometry 60 millimeters of mercury on room air;
Uses portable oxygen;		
Has a cardiac condition to the extent that standards set by the American Heart Ass		ed in severity as Class III or Class IV according t
Is severely limited in his or her ability to w pregnancy.	alk due to an arthritic, neurological, or orth	opedic condition or complications due to
	e healing arts who knowingly and willfully m	ormation and signature was completely filled in a takes a false or misleading statement in his or he
(Printed name of Practitioner of the Healing Art	ts) (*GA License Number) (Sig	nature of Practitioner) (Date)
(Office Street Address)	(City, State and Zip Code)	(Phone Number)
(Mailing Address)	(City, State and Zip Code)	
*The practitioner of the healing arts must be lice Article 2 of Chapter 34 of Title 43, Chapter 35 of		iatry medicine or chiropractic services pursuant tively.
Acknowledgen	nent of Notary Public for Practiti	oner's Signature
Sworn to and subscribed before me	, , , , , , , , , , , , , , , , , , ,	
Thisday of,	(Year)	
(Signature & Seal of Notary Public)		
(Date My Commission Expires)		